

State of Alaska Department of Administration APBC Financial Report		Department of Administration Division of Administrative Services P.O. Box 110208, Juneau, AK 99811-0208 Phone (907) 465-2403 Fax (907) 465-2194 rev. 7/1/03	
Grantee Name and Address		Grant Number:	
		Grant Name	
		Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Report for the period: <input type="checkbox"/> July – September <input type="checkbox"/> January - March <input type="checkbox"/> October – December <input type="checkbox"/> April - June <input type="checkbox"/> Other From _____ to _____	
STATE GRANT EXPENDITURE HISTORY		Remarks	
A) Total Grant Amount			
B) Previously reported expenditures			
C) Expenditures this period			
D) Total Expenditures			
E) State Payments to Date			

I certify that to the best of my knowledge and belief, the data reported herein is correct and all outlays were made in accordance with grant conditions and the payment is due and has not been previously requested.	
Signature of authorized official	
Printed Name	
Title	
Date	
Telephone	
Fax	
E-mail address	

FOR STATE USE ONLY			
PVN	AR	Batch	Encumbrance
<input type="checkbox"/> First advance <input type="checkbox"/> Third advance <input type="checkbox"/> Second Advance <input type="checkbox"/> Final advance		Payment Amount	
Approved for payment			

NOTE: Make sure this financial report is attached to a balance sheet and revenue/expenditure report. The end date of those reports should match the end date of this report. A final report is not submitted until all state funds are expended.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

STATE GRANT EXPENDITURES			
1 Expenditure Type	2 Previously reported expenditures	3 Expenditures this period	4 Total Expenditures
Programming			
Technical			
Fundraising			
Administrative			
Underwriting			
Gaming			
Total Expenditures			

NON-STATE REVENUES			
1 Revenue Source	2 Previously reported revenue received	3 Revenue received this period	4 Total Revenue
CPB			
Gaming			
Membership			
Underwriting			
Other			
Total Non-State Revenue			

INSTRUCTIONS FOR COMPLETING THIS FORM

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Grantee Name and Address: Enter the name and address of the grantee.

Grant Number and Grant Name: Enter the grant number and grant name used by the Department of Administration

Final Report: Mark the appropriate box.

Report Period: Check which quarter this report is for. If you are reporting before the end of the quarter, please show beginning and ending dates

State Grant Expenditure History

Line A this is the total grant award amount.

Line B Enter expenditures that were reported on previous reports. This will be *Line D* from the previous financial report.

Line C this is the amount of expenditures made during the reporting period.

Line D This amount will be the sum of *Line B* and *Line C*

Line E this is the total amount of state payments received to date.

Remarks: This space is provided for any notes, comments or explanations the grantee wishes to make.

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State Grant Expenditure Detail:

Column 1 Breakdown of expenditures types

Column 2 previously reported expenditures

Column 3 Current period expenditures

Column 4 Total expenditures

Non-State Revenues

Column 1 Sources of non-state grant revenues as reported in your application

Column 2 Previously reported revenues received

Column 3 Current period revenues received

Column 4 Total revenue to date